

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101564625

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	2			1		
14	1			1		
15	0			1		
16	0			1		
17	0			1		
18	1			1		
19	1			1		
20	1			1		
21	1			1		
22	1			1		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	20	←	21	←		←
TOTAL CLAIMS	25		26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	